

**Exhibit II**  
**Wastewater Survey for Nonresidential**  
**Establishments**  
**and**  
**Application for Wastewater Discharge Permit**

**Disclosure:** In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment or other information shall be governed by procedures specified in 40 CFR Part 2. If a discharge permit is required for your facility, the information in this questionnaire will be used to issue the permit.

**A. Nonresidential User Information**

Purpose for submitting Exhibit II:

☐ **Wastewater Survey for Nonresidential Establishment**    ☐ **Application for Industrial Wastewater Permit**    ☐ **Application for Renewal of Industrial Wastewater Permit**

A.1 Facility:

*Name of Nonresidential Establishment*

Mailing Address:

*Street*

*City*

*State*

*Zip Code*

Mailing Contact:

*Name*

*Email*

A.2 Production or Manufacturing Facility Address: **If the same as above, check here ☐**

*Street*

*City*

*State*

*Zip Code*

A.3 Authorized Representative for Nonresidential Establishment:

*Name*

*Title*

*Email*

*Per 40 CFR Part 403.12(1) Authorized Representative are as follows: Corporations: principal executive officer of at least vice-president level; Partnership: by a general partner; Sole Proprietorship: by the sole proprietor*

Alternate Person Authorized to Represent Nonresidential Establishment:

*Name*

*Title*

*Email*

This is to be signed by an authorized representative of the nonresidential users after adequate completion of this form and review of the information.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

*Date*

*Signature of official (seal if applicable)*

**B. Description of Facility Operations**

\_\_\_\_\_ is primarily engaged in:  
*Name of Facility*

*Nature of Business.* \_\_\_\_\_ *NAICS Code(s)* \_\_\_\_\_  
*Short description of operation:* \_\_\_\_\_

\_\_\_\_\_ began operations/intends to begin operation at the facility on \_\_\_\_\_  
*Name of Facility* *Date*

\_\_\_\_\_ employs \_\_\_\_\_ personnel and operates \_\_\_\_\_ days per week.  
*Name of Facility* *# Personnel* *# Days*

*# of shifts per 24-hour day* *Average # of employees per shift* *1<sup>st</sup> Shift Start Time* *2<sup>nd</sup> Shift Start Time* *3<sup>rd</sup> Shift Start Time*

Is any wastewater other than from domestic use of restrooms, showers, kitchens, or laundry rooms (excludes commercial services) discharged to either the sewer, storm drain, or the ground? ☒ Yes ☐ No

If the answer is "No", sign form and STOP HERE. If the answer is Yes, complete the form.

**C. Facility Flow Information****C.1 Water Usage:**

\_\_\_\_\_ uses \_\_\_\_\_ gallons per day from ☐ public waters supply  
*Name of Facility* ☐ private well  
☐ reclaimed water  
☐ other: \_\_\_\_\_

**C.2 The facility generates the following types of wastes (check all that apply)**

Type of Waste	Flow (Average Gallons per Day)	Disposed to <sup>1</sup>
1. <input type="checkbox"/> Domestic Wastes (Restrooms)	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured	_____
2. <input type="checkbox"/> Cooling water, non-contact	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured	_____
3. <input type="checkbox"/> Boiler/Tower blow-down	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured	_____
4. <input type="checkbox"/> Cooling Water, contact	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured	_____
5. <input type="checkbox"/> Process Wastewater	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured	_____
6. <input type="checkbox"/> Equipment/Facility wash down	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured	_____
7. <input type="checkbox"/> Air Pollution Control Unit	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured	_____
8. <input type="checkbox"/> Storm Water Runoff to Sewer	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured	_____
9. <input type="checkbox"/> Other	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured	_____
10. <input type="checkbox"/>	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured	_____

<sup>1</sup> Use code provided: **WW**: Wastewater Collection System **SS**: Stormwater Collection system **SW**: Surface water  
**GW**: Ground Water **WH**: Waste Hauler **E**: Evaporation: **O**: Other. If other, please explain.

If waste hauler is used, provide information.

*Contact* \_\_\_\_\_ *Phone Number* \_\_\_\_\_

*Street* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

**C.3 List all environmental permits held for this facility (i.e. Air, Hazardous Waste, NPDES, etc.)**

Permit Type	Issued By	Permit Number
_____	_____	_____
_____	_____	_____

C.4 Is a Spill Prevention Control and Countermeasure Plan prepared for the Facility? Explain.

[ ] Yes [ ] No

C.5 Is a Slug Discharge Control Plan prepared for the facility? Explain.

[ ] Yes [ ] No

## D. Production Information

D.1 Principal Products Produced and Raw Materials Used (Material Safety Data Sheets may be attached).

	Product Line	Raw materials and process additives used
1.		
2.		
3.		

D.2 Production Process is:

Product Line 1.	[ ] Batch % Batch	[ ] Continuous % Continuous	[ ] Both	Ave # batches per 24 hours
Product Line 2.	[ ] Batch % Batch	[ ] Continuous % Continuous	[ ] Both	Ave # batches per 24 hours
Product Line 3.	[ ] Batch % Batch	[ ] Continuous % Continuous	[ ] Both	Ave # batches per 24 hours

D.3 Hours of Operation:

Product Line 1.	[ ] Continuous	OR	_____ to _____	Is _____
Product Line 2.	[ ] Continuous	OR	_____ to _____	_____
Product Line 3.	[ ] Continuous	OR	_____ to _____	_____

D.4 Wastewater Discharge Frequency: [ ] Continuous [ ] Batch (Frequency: \_\_\_\_\_)

D.5 Expected Product Variation.

	Subject to Season Variation	If yes, describe seasonal variation and approximate dates of each production cycle
Product Line 1.	[ ] Yes [ ] No	
Product Line 2.	[ ] Yes [ ] No	
Product Line 3.	[ ] Yes [ ] No	

D.6 Are any process changes or expansions planned during the next three years? [ ] Yes [ ] No If yes, attach a separate sheet to describe the nature of planned changes or expansions.

## E. Identification of Categorical Wastewater Generation

E.1 If your facility conducts activities or employs processes which fall into any of the below categories, place a check beside the category or business activity. Check all that apply.

	40 Code of Federal Regulations
<input type="checkbox"/> Airport Deicing	Part 449
<input type="checkbox"/> Aluminum Forming	Part 467
<input type="checkbox"/> Asbestos Manufacturing	Part 427
<input type="checkbox"/> Battery Manufacturing	Part 461
<input type="checkbox"/> Builder's Paper and Board Mills	Part 431
<input type="checkbox"/> Carbon Black Manufacturing	Part 458
<input type="checkbox"/> Cement Manufacturing	Part 411
<input type="checkbox"/> Centralized Waste Treatment	Part 437
<input type="checkbox"/> Coal Mining	Part 434
<input type="checkbox"/> Coil Coating	Part 465
<input type="checkbox"/> Construction and Development	Part 450
<input type="checkbox"/> Copper Forming	Part 468
<input type="checkbox"/> Electrical and Electronic Components	Part 469
<input type="checkbox"/> Electroplating	Part 413
<input type="checkbox"/> Explosives Manufacturing	Part 457
<input type="checkbox"/> Concentrated Animal Feeding Operations (CAFO)	Part 412
<input type="checkbox"/> Ferroalloy Manufacturing	Part 424
<input type="checkbox"/> Fertilizer Manufacturing	Part 418
<input type="checkbox"/> Glass Manufacturing	Part 426
<input type="checkbox"/> Grain Mills	Part 406
<input type="checkbox"/> Gum and Wood Chemicals	Part 454
<input type="checkbox"/> Hospital	Part 460
<input type="checkbox"/> Ink Formulating	Part 447
<input type="checkbox"/> Inorganic Chemicals	Part 415
<input type="checkbox"/> Iron and Steel Manufacturing	Part 420
<input type="checkbox"/> Landfills	Part 445
<input type="checkbox"/> Leather Tanning and Finishing	Part 425
<input type="checkbox"/> Metal Finishing	Part 433
<input type="checkbox"/> Metal Molding and Casting	Part 464
<input type="checkbox"/> Metal Products and Machinery	Part 438
<input type="checkbox"/> Mineral Mining and Processing	Part 436
<input type="checkbox"/> Nonferrous Metals Forming and Metal Powders	Part 470
<input type="checkbox"/> Nonferrous Metals Manufacturing	Part 421
<input type="checkbox"/> Oil and Gas Extraction	Part 435
<input type="checkbox"/> Ore Mining and Dressing	Part 440
<input type="checkbox"/> Organic Chemicals, Plastics, and Synthetic Fibers	Part 414
<input type="checkbox"/> Paint Formulating	Part 446
<input type="checkbox"/> Paving and Roofing Materials (Tars and Asphalt)	Part 443
<input type="checkbox"/> Pesticide Chemicals	Part 455
<input type="checkbox"/> Petroleum Refining	Part 419
<input type="checkbox"/> Pharmaceutical Manufacturing	Part 439
<input type="checkbox"/> Phosphate Manufacturing	Part 422
<input type="checkbox"/> Plastics Molding and Forming	Part 463
<input type="checkbox"/> Porcelain Enameling	Part 466
<input type="checkbox"/> Pulp, Paper, and Paperboard	Part 430
<input type="checkbox"/> Rubber Manufacturing	Part 428
<input type="checkbox"/> Soap and Detergent Manufacturing	Part 417
<input type="checkbox"/> Steam Electric Power Generation	Part 423
<input type="checkbox"/> Sugar Processing	Part 409
<input type="checkbox"/> Textile Mills	Part 410
<input type="checkbox"/> Timber Products Processing	Part 429
<input type="checkbox"/> Transportation Equipment Cleaning	Part 442
<input type="checkbox"/> Waste Combustors	Part 444
Other Significant (Non-categorical)	
<input type="checkbox"/> Canned and Preserved Fruits and Vegetable Processing	Part 407
<input type="checkbox"/> Canned and Preserved Seafood Processing	Part 408
<input type="checkbox"/> Concentrated Aquatic Animal Production	Part 451
<input type="checkbox"/> Dairy Products and Processing	Part 405
<input type="checkbox"/> Meat and Poultry Products	Part 432

E.2 Please provide a statement explaining how the pretreatment standards listed in 40 CFR are being met. If the pretreatment standards are not currently being met, please indicate what upgrades are necessary to meet the requirements and when these upgrades are scheduled to occur.

Pretreatment Standards listed in 40 CFR Part \_\_\_\_\_ are currently being met ☐ or  
 are not currently being met ☐ *Applicable Part*

E.3 List pretreatment devices or processes (check all that apply).

☐ No Pretreatment Provided

**Physical:**

- |   |  |
|---|--|
| <input type="checkbox"/> Spill protection devices (berms/dry sumps/other) | <input type="checkbox"/> Reverse Osmosis                                 |
| <input type="checkbox"/> Dissolved Air Floatation                         | <input type="checkbox"/> Carbon Filter                                   |
| <input type="checkbox"/> Clarifiers or separators                         | <input type="checkbox"/> Flow Equalization                               |
| <input type="checkbox"/> Filtration (Specify type: _____)                 | <input type="checkbox"/> Screening                                       |
| <input type="checkbox"/> Sludge Dewatering (centrifuge/press/vacuum)      | <input type="checkbox"/> Grit Removal                                    |
| <input type="checkbox"/> Grease trap                                      | <input type="checkbox"/> Evaporation                                     |
| <input type="checkbox"/> Sand/Grease Separation                           | Size/Capacity: _____   |
| <input type="checkbox"/> Sand Only  | Scheduled Maintenance Frequency _____                                    |
| <input type="checkbox"/> Grease Only                                      | Number _____   |
| <input type="checkbox"/> Both   | Are all process wastewater streams connected to the separator?           |
|   | <input type="checkbox"/> Yes <input type="checkbox"/> No, If no, explain |

**Chemical:**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Neutralization / pH Correction   | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Chemical Replacement Cartridge   | <input type="checkbox"/> Ozone        |
| <input type="checkbox"/> Chlorination (breakpoint or other)   |                                       |
| <input type="checkbox"/> Chemical Precipitation (coagulants/flocculants/co-precipitates/other)                                      |                                       |
| <input type="checkbox"/> Other as there any thing else like it does it change much as there any thing else like it does it change m |                                       |

**Biological:**

- ☐ Specify as there any thing else like it does it change much as there any thing else like it does it change m

**Other:**

- ☐ as there any thing else like it does it \_\_\_\_\_ ☐ as there any thing else like it does it chang \_\_\_\_\_

**F. Identifying Wastewater Pollutants of Concerns**

F.1 If any wastewater analysis has been performed on the wastewater discharge(s) from your facility, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, names of the laboratory performing the analysis, and location(s) from which the samples were taken. Attach any plans or sketches needed to provide clarification of location(s).

Number of attached analysis pages \_\_\_\_\_

F.2 Identify pollutants of concern in the wastewater.

	Known to be Absent	Suspected to be Absent	Suspected to be Present	Known to be Present	Known or Suspected Concentration (µg/L)	Wastestream
Other Toxic Pollutants (40 CFR 122, Appendix D, Table III)						
Antimony, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Arsenic, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Beryllium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

